

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2143

Registration District No. 135

Primary Registration District No. 5190

Registrar's No. 11

1. PLACE OF DEATH:

- (a) County Carroll
(b) City or town Rural, Moss Creek Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

8. (a) PRINT FULL NAME Linda Lou Gallagher

8. (b) If veteran, name war No. 8. (c) Social Security No.

4. Sex Fe 5. Color or race W. 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct 2 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 3 10 hr. min.

9. Birthplace Carroll Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business

12. Name Stonewall Gallagher

13. Birthplace Carroll Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Edna Addison

15. Birthplace Carroll Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Stonewall Gallagher

- (b) Address Norborne, Mo. R. F. 3

17. (a) Burial (b) Date thereof 7-13-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Gilgus Cem.

18. (a) Signature of funeral director W. H. DeWood

- (b) Address Carrollton, Mo.

19. (a) 1-13-41 (b) W. H. DeWood
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Carroll
(c) City or town "Rural"
(If outside city or town limits, write "RURAL")

- (d) Street No. (If rural, give location)

- (e) If foreign born, how long in U. S. A. years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12
year 1941 hour 3 minute 25 A.M.

21. I hereby certify that I attended the deceased from 1-10, 1941 to 1-12, 1941;
that I last saw him alive on 1-11, 1941;
and that death occurred on the date and hour stated above.

- Immediate cause of death

- Broncho-Pneumonia

- Due to Whooping-Cough

- Due to

- Other conditions Whooping Cough
(Include pregnancy within 3 months of death)

- Major findings:

- Of operations

- Of autopsy

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify)

- (b) Date of occurrence

- (c) Where did injury occur? (City or town) (County) (State)

- (d) Did injury occur in or about home, on farm, in industrial place, in public place?

- (Specify type of place)

- While at work? (e) Means of injury

23. Signature W. H. DeWood (M. D. or other)

- Address Carrollton Mo Date signed 1/13/41

RECEIVED
District Health Officer No. 8,
1/15-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Ben W. Gibson*

Licensed Embalmer No. *2961*

P. O. Address..... *Carrollton, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.